The Clinical Effectiveness Bulletin aims to highlight some key pieces of evidence, published in the previous month.

Where possible, links to the full text documents are included. If you are employed by SSOTP, NSCHT, UHN, Stoke on Trent Public Health or you are CCG or practice staff in North Staffordshire, get in touch to find out more about your NHS library service.
Contents in this issue:

Commissioning..................................................................................................................3
Public Health and Lifestyle Services..................................................................................5
General Practice....................................................................................................................8
Rehabilitation and Occupational Health............................................................................11
Physiotherapy.................................................................................................................11
Health Visiting and Nursing ...........................................................................................20
Mental Health..................................................................................................................22
Learning Disabilities........................................................................................................23
End of Life and Later Life Care .......................................................................................24
Pharmacy ........................................................................................................................25
Health Information ........................................................................................................26
Commissioning

**Brexit: the implications for health and social care**
King’s Fund
Although the EU has limited legal jurisdiction over how health and care services are organised and provided in member states (European Union undated), the UK’s vote to leave the EU will have major implications for health and social care in England. This report looks at staffing, accessing treatment, regulation, cross-border co-operation, and funding and finance.

**Doing Care Differently**
Independent Age
Doing Care Differently requires thinking about care differently.
With the Government announcement that a Green Paper will be published on older people’s care and support by summer 2018, progress on social care reform is now a timetabled commitment. For those of us in the care sector, we now begin setting out our stalls in earnest. What do we want from the Green Paper? What should it include and exclude? What must it deliver for us to see it as a success? Our Doing Care Differently report provides a comprehensive summary of what needs to be considered to deliver a social care solution that is fit for now and the future. Bringing together the ideas and suggestions of over 30 individuals and organisations from across the care sector (contributors to our summer blog series of the same name), our report examines six areas that neatly encapsulate the social care reform agenda:
- Demand
- Funding and responsibility
- Quality
- Integrated care
- Technology
- Sustainability and value for money.
Together with our own thought leadership in these six areas, our report weaves in ideas, suggestions and questions raised by our blog contributors.
Independent Age extends a special thank you to all our blog contributors for sharing with our readers their bold ideas and new suggestions on this crucial topic.

**What’s going on with A&E waiting times?**
King’s Fund
Waiting times in accident and emergency (A&E) departments are a key measure of how the NHS is performing, and they generate significant interest. In recent years, patients have been waiting longer in A&E; here we look at why that is.
Clinical effectiveness and cost-effectiveness of issuing longer versus shorter duration (3-month vs. 28-day) prescriptions in patients with chronic conditions: systematic review and economic modelling

NIHR
For patients with stable chronic conditions in primary care, there is some evidence to suggest that 3-month prescriptions are less costly overall and associated with better adherence than 28-day prescriptions.

NHS Improvement's remit for 2017 to 2018

DH
The remit letter and objectives from Health Minister Philip Dunne to NHS Improvement for the financial year 2017 to 2018.

Blog: Saving lives and saving money

Dr Matt Kearney
The National Clinical Director for Cardiovascular Disease Prevention reviews an important new resource that helps local commissioners measure the value of quality improvement in stroke prevention.

Treatments can harm

Students 4 Best Evidence
This is the first in a series of 34 blogs based on a list of ‘Key Concepts’ developed by an Informed Health Choices project team. Each blog will explain one Key Concept that we need to understand to be able to assess treatment claims. This is one of the first and foremost reasons that we need to test treatments. Medical Ethics principle number 2: Do No Harm. It may seem like common sense, but many examples throughout history have shown that, without an evidence-based approach, people can be harmed or even killed by a treatment. Few effective treatments are 100% safe and industries will time and again downplay potential harms and exaggerate benefits. Often the treatment hasn’t been tested adequately or data concerning adverse effects has not been properly recorded or presented.

Naltrexone–bupropion for managing overweight and obesity

NICE
Evidence-based recommendations on naltrexone–bupropion (Mysimba) for managing overweight and obesity in adults.

Suspected cancer

NICE
This quality standard covers the investigation and recognition of suspected cancer, and referral to specialist cancer services for adults, young people and children. It describes high-quality care in priority areas for improvement.
In December 2017, the source guidance and definitions for statement 3 were amended to reflect the NICE diagnostics guidance on quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care.

**Introducing ‘opt-out’ consent for organ and tissue donation in England**

DH

We have launched a consultation about organ and tissue donation. The government wants to know what people think about proposed changes in which people are considered willing to be an organ donor after their death, unless they have ‘opted out’.

We want to find out what people think of how the changes to the system should be made, and what else they think the government needs to consider.

The defining issues of the new system are:

- how much say families have in their deceased relative’s decision to donate their organs
- when exemptions to ‘opt-out’ would be needed, and what safeguards would be necessary
- how a new system might affect certain groups depending on age, disability, race or faith

This consultation closes at 11:59pm on 6 March 2018.

**Bias in research**

**Evidence Based Nursing**

The aim of this article is to outline types of ‘bias’ across research designs, and consider strategies to minimise bias. Evidence-based nursing, defined as the “process by which evidence, nursing theory, and clinical expertise are critically evaluated and considered, in conjunction with patient involvement, to provide the delivery of optimum nursing care,”1 is central to the continued development of the nursing professional. Implementing evidence into practice requires nurses to critically evaluate research, in particular assessing the rigour in which methods were undertaken and factors that may have biased findings.

**Public Health and Lifestyle Services**

**Association between Childhood Obesity and Neighbourhood Accessibility to Fast-Food Outlets: A Nationwide 6-Year Follow-Up Study of 944,487 Children**

**Obesity Facts**

Objectives: The aim of this 6-year follow-up study was to examine whether neighbourhood accessibility to fast-food outlets was associated with diagnosed childhood obesity, after adjustment for neighbourhood- and individual-level socio-demographic factors. Methods: This 6-year follow-up study comprised 484,677 boys and 459,810 girls aged 0-14 years in Sweden. The follow-up period ran from January 1, 2005, until hospitalisation/out-patient treatment for obesity, death, emigration or the end of the study period on December 31, 2010. Multilevel logistic regression models (individual-level factors at the first level and neighbourhood-level factors at the second level) were used to calculate
odds ratios (ORs) with 95% confidence intervals (95% CIs). Results: We identified 6,968 obesity cases (3,878 boys and 3,090 girls) during the follow-up period. Higher odds of childhood obesity for those living in neighbourhoods with accessibility to fast-food outlets was observed (OR = 1.14, 95% CI = 1.07-1.22) that remained significant after adjustments (OR = 1.06, 95% CI = 1.00-1.13). Conclusions: This prospective nationwide study showed that the neighbourhood accessibility to fast-food outlets was independently associated with increased odds of diagnosed childhood obesity. This finding implicates that residential environments should be considered when developing health promotion programmes.

Blog: Saving lives and saving money
Dr Matt Kearney
The National Clinical Director for Cardiovascular Disease Prevention reviews an important new resource that helps local commissioners measure the value of quality improvement in stroke prevention.

Statement on heat not burn tobacco products
Food Standards Agency
This is an official statement on the harms of tobacco products known as heat not burn. Some tobacco companies have recently developed new products in this area and they are sometimes marketed as a safer option than traditional cigarette smoking. The FSA and WHO both publish information on this topic.

Health Matters: Productive healthy ageing and musculoskeletal health
PHE
Welcome to the latest edition of PHE’s Health Matters, a resource for local authorities and health professionals, which for this edition focuses on productive healthy ageing and musculoskeletal (MSK) health.

Smoking, Drinking and Drug Use Among Young People in England: Consultation
NHS Digital
An online survey to get your views on how to improve the SDD, which runs on a biannual basis.

Effective Partnership in Community-Based Health Promotion: Lessons from the Health Literacy Partnership
International Journal of Environmental Research and Public Health
This paper aims to explore key elements needed to successfully develop healthy partnerships and collaborative working in community-based health promotion. It draws upon the lessons learned from a case study with the Health Literacy Partnership in Stoke-on-Trent, UK in developing the health literacy strategy in the area. The process was underpinned by respect for diverse yet complementary perspectives and skills from the grassroots up. This involved engagement with key stakeholders, development and support for community projects, and sharing of good practice with other national
and local organizations. Stakeholders involved in developing the strategy also had a keen interest in health literacy and a strong commitment to promoting health and well-being in the area. Through patience, perseverance, and continuous open communication and learning, the health literacy strategy in Stoke-on-Trent, UK is beginning to have a ripple effect into local practice, and will potentially influence policy in the future.

**Everyone in Warwickshire Counts: Public Health Annual Report 2017**

Warwickshire County Council
Watch Warwickshire’s animated summary of their annual report.

**Diet, physical activity or both for prevention or delay of type 2 diabetes mellitus and its associated complications in people at increased risk of developing type 2 diabetes mellitus**

Cochrane Review
There is no firm evidence that diet alone or physical activity alone compared to standard treatment influences the risk of T2DM and especially its associated complications in people at increased risk of developing T2DM. However, diet plus physical activity reduces or delays the incidence of T2DM in people with IGT. Data are lacking for the effect of diet plus physical activity for people with intermediate hyperglycaemia defined by other glycaemic variables. Most RCTs did not investigate patient-important outcomes.

**Naltrexone–bupropion for managing overweight and obesity**

NICE
Evidence-based recommendations on naltrexone–bupropion (Mysimba) for managing overweight and obesity in adults.

**Suspected cancer**

NICE
This quality standard covers the investigation and recognition of suspected cancer, and referral to specialist cancer services for adults, young people and children. It describes high-quality care in priority areas for improvement.
In December 2017, the source guidance and definitions for statement 3 were amended to reflect the NICE diagnostics guidance on quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care.

**Clinical effectiveness and cost-effectiveness of issuing longer versus shorter duration (3-month vs. 28-day) prescriptions in patients with chronic conditions: systematic review and economic modelling**

NIHR
For patients with stable chronic conditions in primary care, there is some evidence to suggest that 3-month prescriptions are less costly overall and associated with better adherence than 28-day prescriptions.
A novel peer-support intervention using motivational interviewing for breastfeeding maintenance: a UK feasibility study
NIHR
The Mam-Kind peer-support breastfeeding intervention was acceptable and feasible to deliver within NHS maternity services and this study made recommendations for further evaluation.

Preventing blood-borne virus infection in people who inject drugs in the UK: systematic review, stakeholder interviews, psychosocial intervention development and feasibility randomised controlled trial
NIHR
This study developed an intervention that has the potential to prevent blood-borne viruses in people who inject drugs, but found that a future RCT is not feasible.

Management of diabetes
SIGN
The most recent guidelines from the Scottish Intercollegiate Guidelines Network.

Bias in research
Evidence Based Nursing
The aim of this article is to outline types of ‘bias’ across research designs, and consider strategies to minimise bias. Evidence-based nursing, defined as the “process by which evidence, nursing theory, and clinical expertise are critically evaluated and considered, in conjunction with patient involvement, to provide the delivery of optimum nursing care,”1 is central to the continued development of the nursing professional. Implementing evidence into practice requires nurses to critically evaluate research, in particular assessing the rigour in which methods were undertaken and factors that may have biased findings.

General Practice

Clopidogrel plus aspirin versus aspirin alone for preventing cardiovascular events
Cochrane Review
The available evidence demonstrates that the use of clopidogrel plus aspirin in people at high risk of cardiovascular disease and people with established cardiovascular disease without a coronary stent is associated with a reduction in the risk of myocardial infarction and ischaemic stroke, and an increased risk of major and minor bleeding compared with aspirin alone. According to GRADE criteria, the quality of evidence was moderate for all outcomes except all-cause mortality (low quality evidence) and adverse events (very low quality evidence).

Calcium channel blockers for primary and secondary Raynaud’s phenomenon
Cochrane Review
Randomized controlled trials with evidence of low to moderate quality showed that CCBs (especially the dihydropyridine class) may be useful in reducing the frequency, duration, severity of attacks, pain
and disability associated with Raynaud’s phenomenon. Higher doses may be more effective than lower doses and these CCBs may be more effective in primary RP. Although there were more withdrawals due to adverse events in the treatment groups, no serious adverse events were reported.

**Does Peppa Pig encourage inappropriate use of primary care resources?**
**BMJ**
A light hearted look at the depiction of general practice in the popular children’s stories. How does Dr Brown Bear have time to do all those home visits?!

**Effective Partnership in Community-Based Health Promotion: Lessons from the Health Literacy Partnership**
**International Journal of Environmental Research and Public Health**
This paper aims to explore key elements needed to successfully develop healthy partnerships and collaborative working in community-based health promotion. It draws upon the lessons learned from a case study with the Health Literacy Partnership in Stoke-on-Trent, UK in developing the health literacy strategy in the area. The process was underpinned by respect for diverse yet complementary perspectives and skills from the grassroots up. This involved engagement with key stakeholders, development and support for community projects, and sharing of good practice with other national and local organizations. Stakeholders involved in developing the strategy also had a keen interest in health literacy and a strong commitment to promoting health and well-being in the area. Through patience, perseverance, and continuous open communication and learning, the health literacy strategy in Stoke-on-Trent, UK is beginning to have a ripple effect into local practice, and will potentially influence policy in the future.

**Probiotics for the prevention of Clostridium difficile-associated diarrhea in adults and children**
**Cochrane Review**
Based on this systematic review and meta-analysis of 31 randomized controlled trials including 8672 patients, moderate certainty evidence suggests that probiotics are effective for preventing CDAD (NNTB = 42 patients, 95% CI 32 to 58). Our post hoc subgroup analyses to explore heterogeneity indicated that probiotics are effective among trials with a CDAD baseline risk >5% (NNTB = 12; moderate certainty evidence), but not among trials with a baseline risk ≤5% (low to moderate certainty evidence). Although adverse effects were reported among 32 included trials, there were more adverse events among patients in the control groups. The short-term use of probiotics appears to be safe and effective when used along with antibiotics in patients who are not immunocompromised or severely debilitated. Despite the need for further research, hospitalized patients, particularly those at high risk of CDAD, should be informed of the potential benefits and harms of probiotics.

**Corticosteroids for pneumonia**
**Cochrane Review**
Corticosteroid therapy reduced mortality and morbidity in adults with severe CAP; the number needed to treat for an additional beneficial outcome was 18 patients (95% CI 12 to 49) to prevent one death. Corticosteroid therapy reduced morbidity, but not mortality, for adults and children with non-
severe CAP. Corticosteroid therapy was associated with more adverse events, especially hyperglycaemia, but the harms did not seem to outweigh the benefits.

**Feed thickener for infants up to six months of age with gastro-oesophageal reflux**

*Cochrane Review*

Gastro-oesophageal reflux is a physiological self resolving phenomenon in infants that does not necessarily require any treatment. However, we found moderate-certainty evidence that feed thickeners should be considered if regurgitation symptoms persist in term bottle-fed infants. The reduction of two episodes of regurgitation per day is likely to be of clinical significance to caregivers. Due to the limited information available, we were unable to assess the use of feed thickeners in infants who are breastfeeding or preterm nor could we conclude which type of feed thickener is superior.

**Diet, physical activity or both for prevention or delay of type 2 diabetes mellitus and its associated complications in people at increased risk of developing type 2 diabetes mellitus**

*Cochrane Review*

There is no firm evidence that diet alone or physical activity alone compared to standard treatment influences the risk of T2DM and especially its associated complications in people at increased risk of developing T2DM. However, diet plus physical activity reduces or delays the incidence of T2DM in people with IGT. Data are lacking for the effect of diet plus physical activity for people with intermediate hyperglycaemia defined by other glycaemic variables. Most RCTs did not investigate patient-important outcomes.

**Suspected cancer**

*NICE*

This quality standard covers the investigation and recognition of suspected cancer, and referral to specialist cancer services for adults, young people and children. It describes high-quality care in priority areas for improvement. In December 2017, the source guidance and definitions for statement 3 were amended to reflect the NICE diagnostics guidance on quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care.

**Clinical effectiveness and cost-effectiveness of issuing longer versus shorter duration (3-month vs. 28-day) prescriptions in patients with chronic conditions: systematic review and economic modelling**

*NIHR*

For patients with stable chronic conditions in primary care, there is some evidence to suggest that 3-month prescriptions are less costly overall and associated with better adherence than 28-day prescriptions.

**Management of diabetes**

*SIGN*

The most recent guidelines from the Scottish Intercollegiate Guidelines Network.
**NHS England consults on freeing up 136 million to boost frontline NHS care by curbing prescription costs**

NHS England has today launched a public consultation on proposals to rein in prescriptions for some ‘over the counter’ products such as dandruff shampoo and drops for tired eyes, freeing-up up to £136 million to expand other treatments for major conditions such as cancer and mental health problems.

---

**Rehabilitation and Occupational Health**

**Productive healthy ageing and musculoskeletal (MSK) health**

PHE

This set of resources discusses the challenges that we face now we are living longer, but in some instances spending more years of our life in poor health. Part of this is linked to inactivity and long term conditions such as arthritis and chronic back pain. Here PHE note that the Global Healthy Ageing Strategy (WHO) uses the concept of ‘functional ability’, to describe the health of someone as they age.

**Facet-joint injections for non-specific low back pain: a feasibility RCT**

NIHR

This study recruited only 9 of the planned 60 participants, but it met other feasibility objectives, suggesting that a full trial might be feasible, particularly with stronger collaboration with primary care.

---

**Physiotherapy**

**Productive healthy ageing and musculoskeletal (MSK) health**

PHE

This set of resources discusses the challenges that we face now we are living longer, but in some instances spending more years of our life in poor health. Part of this is linked to inactivity and long term conditions such as arthritis and chronic back pain. Here PHE note that the Global Healthy Ageing Strategy (WHO) uses the concept of ‘functional ability’, to describe the health of someone as they age.

**Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women**

Cochrane Review

Targeting continent antenatal women early in pregnancy and offering a structured PFMT programme may prevent the onset of urinary incontinence in late pregnancy and postpartum. However, the cost-effectiveness of this is unknown. Population approaches (recruiting antenatal women regardless of
continence status) may have a smaller effect on urinary incontinence, although the reasons for this are unclear. It is uncertain whether a population-based approach for delivering postnatal PFMT is effective in reducing urinary incontinence. Uncertainty surrounds the effects of PFMT as a treatment for urinary incontinence in antenatal and postnatal women, which contrasts with the more established effectiveness in mid-life women.

It is possible that the effects of PFMT might be greater with targeted rather than mixed prevention and treatment approaches and in certain groups of women. Hypothetically, for instance, women with a high body mass index are at risk factor for urinary incontinence. Such uncertainties require further testing and data on duration of effect are also needed. The physiological and behavioural aspects of exercise programmes must be described for both PFMT and control groups and how much PFMT women in both groups do, to increase understanding of what works and for whom.

Few data exist on faecal incontinence or costs and it is important that both are included in any future trials. It is essential that future trials use valid measures of incontinence-specific quality of life for both urinary and faecal incontinence.

The clinical effectiveness and cost-effectiveness of treat-to-target strategies in rheumatoid arthritis: a systematic review and cost-effectiveness analysis
NIHR
There is some support for treat to target in rheumatoid arthritis, particularly in early stages, or for patients with disease duration < 5 years; however, it remains unclear which elements are important.

Implementing stratified care for low back pain: STarT Back
DH
A clinically and cost effective care approach for low back pain using a screening tool to match patients to the right treatment.

ESCAPE-pain for knee pain
DH
A rehabilitation programme for people with chronic joint pain.

Productive healthy ageing and musculoskeletal health
DH
This resource for health professionals and local authorities makes the case for action to support healthy productive later life.
A pilot study of the individual placement and support model for patients with chronic pain
BMC Musculoskeletal Disorders

Background
Individual Placement and Support (IPS) is an evidence-based work rehabilitation model with well-documented effects for people with mental illness. The model has, however, never been tested out for people with chronic pain. This pilot study aimed to investigate chronic pain patients’ experiences with the IPS job support model.

Methods
We recruited eight consecutive patients referred for various chronic pain conditions at a hospital outpatient pain clinic. They were offered IPS job support as an integrated part of their interdisciplinary pain rehabilitation. The patients’ experiences were investigated through semi-structured interviews 3 months after inclusion in the study.

Results
The participants reported mostly positive experiences with IPS. One participant dropped out of the study after deterioration of symptoms, while the remaining participants were satisfied with the intervention. Particular helpful aspects of the IPS intervention were the follow-up from the employment specialist, focus on competitive employment, focus on work despite pain complaints, reframing work into something positive, administrative support, and practice in writing applications. No participants reported adverse experiences from the IPS intervention. Within a 12-months time frame, 3 of the 8 participants gained competitive employment.

Conclusions
This is the first report of the IPS model of supported employment applied in an outpatient setting for chronic pain patients. The results suggest that IPS can be successfully integrated with interdisciplinary pain rehabilitation, and warrants large-scale testing in a randomized controlled trial.

Responsiveness of clinical tests for people with neck pain
BMC Musculoskeletal Disorders

Background
Responsiveness of a clinical test is highly relevant in order to evaluate the effect of a given intervention. However, the responsiveness of clinical tests for people with neck pain has not been adequately evaluated. The objective of the present study was to examine the responsiveness of four clinical tests which are low cost and easy to perform in a clinical setting, including the craniocervical flexion test, cervical active range of movement, test for the cervical extensors and pressure pain threshold testing.

Methods
This study is a secondary analysis of data collected in a previously published randomised controlled trial. Participants were randomized to either physical training, exercises and pain education combined or pain education only. Participants were tested on the clinical tests at baseline and at 4-month follow-up. An anchor-based approach using Receiver Operator Characteristics (ROC) curves was used to evaluate responsiveness of the clinical tests. The Neck Disability Index was used to discriminate
between those who had improved and those who were unchanged at the 4-month follow-up. Minimum Clinically Important Difference (MCID), together with sensitivity, specificity, positive and negative predictive values, in addition to positive and negative likelihood ratios were calculated.

Results
In total, 164 participants completed the 4 month follow up. One-hundred forty four participants were classified as unchanged whereas 20 patients were considered to be improved. Twenty-six participants didn’t complete all of the clinical tests, leaving a total of 138 to be included for analyses. Area Under Curve (AUC) ranged from 0.50-0.62 for the clinical tests, and were all below an acceptable level. MCID was generally large, and the corresponding sensitivity and specificity was low with sensitivity ranging from 20 to 60%, and specificity from 54 to 86%. LR+ (0.8-2.07) and LR- (0.7-1.1) showed low diagnostic value for all variables, with PPV ranging from 12.1 to 26.1 and NPV ranging from 84.7 to 89.2.

Conclusion
Responsiveness of the included clinical tests was generally low when using change in NDI score as the anchor from baseline to the 4-month follow up. Further investigations of responsiveness are warranted, possibly using other anchors, which to a higher degree resemble similar dimensions as the clinical tests.

Educational program promoting regular physical exercise improves functional capacity and daily living physical activity in subjects with knee osteoarthritis

BMC Musculoskeletal Disorders

Background
Physical exercise and educational programs promote several benefits for patients with knee osteoarthritis (OA). However, little is known about the effects of educational programs promoting the regular practice of physical exercise. The purpose of the present study was to assess the effect of an interdisciplinary educational program, emphasizing the recommendation for regular practice of physical exercise, on functional capacity and daily living physical activity in individuals with knee OA.

Methods
Two hundred and thirty-nine individuals (50 men) with an established diagnosis of knee OA (degree I to IV in the Kelgreen and Lawrence scale) were randomly allocated into a multidisciplinary educational program (EDU; n = 112) or control group (CON; n = 127). Functional capacity (sit and reach, 6-min walking test (6MWT), timed up and down stairs test, timed up and go test (TUGT), and five times sit-to-stand test (FTSST)) and daily living physical activity (IPAQ, short version) were measured before, during (6 months) and after 12 months of follow-up.

Results
Body mass index reduced significantly (P < 0.05) after 6 months, and remained reduced after 12-month of follow-up in EDU, but not in CON. EDU group improved (P < 0.05) timed up and down stairs (19%), TUGT (32.5%) and FTSST (30%) performance after 6 months of follow-up, which remained improved after 12 months of follow-up. Functional capacity did not change in CON, excepted for the timed up and down stairs performance that increased after 6 months (12%, P < 0.05), but returned to levels similar to baseline after 12 months of follow-up. There was also an increase (P < 0.05) in the prevalence of active and very active individuals, as well as a reduction (P < 0.05) in the prevalence of
sedentary individuals in EDU group during follow-up. There were no significant changes on sit and reach and 6MWT performance during follow-up in both groups.

Conclusions
The results suggest that an educational program emphasizing the recommendation for regular practice of physical exercise may be an effective tool for improving functional capacity and daily physical activity in individuals with knee OA.

Development and validation of a new tool to measure the facilitators, barriers and preferences to exercise in people with osteoporosis
BMC Musculoskeletal Disorders

Background
Despite the widely known benefits of exercise and physical activity, adherence rates to these activities are poor. Understanding exercise facilitators, barriers, and preferences may provide an opportunity to personalize exercise prescription and improve adherence. The purpose of this study was to develop the Personalized Exercise Questionnaire (PEQ) to identify these facilitators, barriers, and preferences to exercise in people with osteoporosis.

Methods
This study comprises two phases, instrument design and judgmental evidence. A panel of 42 experts was used to validate the instrument through quantitative (content validity) and qualitative (cognitive interviewing) methods. Content Validity Index (CVI) is the most commonly used method to calculate content validity quantitatively. There are two kinds of CVI: Item-CVI (I-CVI) and Scale-level CVI (S-CVI).

Results
Preliminary versions of this tool showed high content validity of individual items (I-CVI range: 0.50 to 1.00) and moderate to high overall content validity of the PEQ (S-CVI/UA = 0.63; S-CVI/Ave = 0.91). Through qualitative methods, items were improved until saturation was achieved. The tool consists of 6 domains and 38 questions. The 6 domains are: 1) support network; 2) access; 3) goals; 4) preferences; 5) feedback and tracking; and 6) barriers. There are 35 categorical questions and 3 open-ended items.

Conclusions
Using an iterative approach, the development and evaluation of the PEQ demonstrated high item-content validity for assessing the facilitators, barriers, and preferences to exercise in people with osteoporosis. Upon further validation it is expected that this measure might be used to develop more client-centered exercise programs, and potentially improve adherence.
Association between metabolic syndrome and knee osteoarthritis: a cross-sectional study
BMC Musculoskeletal Disorders

Background
Osteoarthritis (OA) is the most prevalent chronic joint disease in China. The aim of this study was to examine the association between metabolic syndrome (MetS) and knee OA in a population-based Chinese study.

Methods
Data included in this analysis is from a cross-sectional study, i.e., the Xiangya Hospital Health Management Center Study. MetS was diagnosed according to the criteria defined by the Chinese Diabetes Society. Radiographic knee OA was defined as changes equivalent to Kellgren-Lawrence (K-L) grade 2 or above at least one side. Associations between MetS and its components with OA were evaluated by conducting multivariable adjusted logistic regression.

Results
A total of 5764 participants were included in the present study. The unadjusted OR (1.27, 95%CI: 1.10–1.47, P = 0.001), age-sex adjusted OR (1.17, 95%CI: 1.01–1.36, P = 0.041) and multivariable adjusted OR (1.17, 95%CI: 1.01–1.36, P = 0.043) all suggested a positive association between MetS and knee OA. Besides, its components (e.g., overweight, hypertension and dyslipidemia) were also associated with the prevalence of radiographic knee OA respectively, after adjusting for some confounding factors. In addition, with the accumulation of MetS components, the prevalence of knee OA increased. Furthermore, MetS as a whole was associated with the prevalence of knee osteophyte (OSP) (OR = 1.72, 95%CI: 1.42–2.09, P < 0.001), but not joint space narrowing (JSN) (OR = 1.06, 95%CI: 0.91–1.23, P = 0.449).

Conclusions
The findings of the present study indicated that there was a positive association between the prevalence of MetS and knee OA. However, MetS as a whole was associated with the higher prevalence of knee OSP, but not JSN, which should shed light on our understanding the association between MetS and OA.

Multisite peripheral joint pain: a cross-sectional study of prevalence and impact on general health, quality of life, pain intensity and consultation behaviour
BMC Musculoskeletal Disorders

Background
Research into musculoskeletal conditions often focusses on pain at single sites, such as the knee, yet several studies have previously reported the high prevalence of multiple sites of musculoskeletal pain. The most common form of musculoskeletal condition is arthritis, with osteoarthritis (OA) the most common cause of joint pain in adults 45 years and over. However, there is limited recognition of the prevalence of multisite peripheral joint pain in those either living with or at risk of OA, therefore this study set out to estimate the prevalence of multisite peripheral joint pain in adults 45 years and older, and its impact on several dimensions of health.
Methods
A cross-sectional population survey was mailed to adults (n = 28,443) aged 45 years and over from eight general practices in the North West Midlands, United Kingdom (UK). Prevalence rates were established for multisite peripheral joint pain (pain in two or more sites; hands, hips, knees, feet). Impact was measured for general health (SF-12 MCS & PCS), QoL (EQ-5D), pain intensity (0-10 numerical ratings scale) and the number of consultations with a range of health care professionals.

Results
Of 15,083 responders (53%), multisite peripheral joint pain was reported by 54%. Peripheral joint pain was present in n = 11,928, of which 68% reported pain in multiple sites. Multisite peripheral joint pain was shown to be significantly associated with reduced physical (Mean difference = -5.9 95% CI -6.3,-5.5) and mental (-2.8 95% CI -3.2,-2.4) components of the SF-12, reduced QoL (-0.14 95% CI -0.15, -0.13), increased pain (+0.70 95% CI 0.62, 0.79) and increased odds of consultations with GPs (OR 2.4 95% CI 2.2, 2.6) and practice nurses (OR 2.6 (95% CI 2.1, 3.2) when compared to single site pain.

Conclusions
Multisite peripheral joint pain is prevalent in the population in adults 45 years and over and has a significant negative impact on several dimensions of health. Health care professionals should consider joint pain beyond the index site in order to address holistic management.

Association of body mass index with knee cartilage damage in an asymptomatic population-based study
BMC Musculoskeletal Disorders

Background
Cartilage changes are an important early finding of osteoarthritis (OA), which can exist even before symptoms. Our objective was to determine the prevalence of knee cartilage damage on magnetic resonance imaging (MRI) in an asymptomatic population-based cross-sectional study and to evaluate the association of body mass index (BMI) with cartilage damage.

Methods
Subjects, aged 40-79 years, without knee pain (n = 73) were recruited as a random population sample and assessed for BMI (kg/m2), including current BMI (measured), past BMI at age 25 (self-reported) and change in BMI. Knee cartilage was scored semi-quantitatively (grades 0-4) on MRI. In primary analysis, cartilage damage was defined as ≥2 (at least moderate) and in a secondary analysis as ≥3 (severe). We also conducted a sensitivity analysis by dichotomizing current BMI as <25 vs. ≥25. Logistic regression was used to evaluate the association of each BMI variable with prevalent MRI-detected cartilage damage, adjusted for age and sex.

Results
Of 73 subjects, knee cartilage damage ≥2 and ≥3 was present in 65.4% and 28.7%, respectively. The median current BMI was 26.1, median past BMI 21.6, and median change in BMI was a gain of 2.8. For cartilage damage ≥2, current BMI had a non-statistically significant OR of 1.65 per 5 units (95% CI 0.93-2.92). For cartilage damage ≥3, current BMI showed a trend towards statistical significance with an OR of 1.70 per 5 units (95% CI 0.99-2.92). Past BMI and change in BMI were not significantly
associated with cartilage damage. Current BMI ≥ 25 was statistically significantly associated with cartilage damage ≥2 (OR 3.04 (95% CI 1.10-8.42)), but not for ≥3 (OR 2.63 (95% CI 0.86-8.03)).

Conclusions
MRI-detected knee cartilage damage was highly prevalent in this asymptomatic population-based cohort. We report a trend towards significance of BMI with cartilage damage severity. Subjects with abnormal current BMI (≥25) had a 3-fold increased odds of cartilage damage ≥2, compared to those with normal BMI. This study lends support towards the role of obesity in the pathogenesis of knee cartilage damage at an asymptomatic stage of disease.

Physicians using spinal manipulative treatment in The Netherlands: a description of their characteristics and their patients
BMC Musculoskeletal Disorders

Background
Various health care professionals apply Spinal Manipulative Treatment (SMT) in daily practice. While the characteristics of chiropractors and manual therapists and the characteristics of their patient populations are well described, there is little research about physicians who use SMT techniques. A distinct group of physicians in The Netherlands has been trained in musculoskeletal (MSK) medicine, which includes the use of SMT. Our objective was to describe the characteristics of these physicians and their patient population.

Methods
All registered MSK physicians were approached with questionnaires and telephone interviews to collect data about their characteristics. Data about patient characteristics were extracted from a web-based register. In this register physicians recorded basic patient data (age, gender, the type and duration of the main complaint, concomitant complaints and the type of referral) at the first consultation. Patients were invited to fill in web-based questionnaires to provide baseline data about previous treatments and the severity of their main complaint. Functional impairment was measured with Patient Reported Outcome Measures (PROMs).

Results
Questionnaires were sent to 138 physicians of whom 90 responded (65%). Most physicians were trained in MSK medicine after a career in other medical specialities. They reported to combine their SMT treatment with a variety of diagnostic and treatment options part of which were only permissible for physicians, such as prescription medication and injections. The majority of patients presented with complaints of long duration (62.1% > 1 year), most frequently low back pain (48.1%) or neck pain (16.9%), with mean scores of 6.0 and 6.2, respectively, on a 0 to 10 numerical rating scale (NRS) for pain intensity. Mean scores on all PROMs showed moderate impairment. Patients most frequently reported previous treatment by physical therapists (68.1%), manual therapists (37.7%) or chiropractors (17.0%).

Conclusion
Our study showed that MSK physicians in The Netherlands used an array of SMT techniques. They embedded their SMT techniques in a broad array of other diagnostic and treatment options, part of
which were limited to medical doctors. Most patients consulted MSK physicians with spinal pain of long duration with moderate functional impairment.

**Identifying lower limb specific and generalised joint hypermobility in adults: validation of the Lower Limb Assessment Score**

**BMC Musculoskeletal Disorders**

**Background**

The Lower Limb Assessment Score (LLAS) has only been validated in a paediatric population. The aim of this study was to validate the use of the LLAS in an adult population by: i) evaluating its ability to discriminate between different extents of lower limb hypermobility, ii) establishing a cut-off score to identify lower limb hypermobility, and iii) determining if the LLAS is able to identify Generalised Joint Hypermobility (GJH).

**Methods**

Participants were recruited across three groups representing varying degrees of hypermobility. They were assessed using the LLAS, Beighton score and clinical opinion. Pearson’s correlation coefficient and MANOVA were used to assess between-group differences in the LLAS. The cut-off score was determined using median and inter-quartile ranges and the Receiver Operator Characteristic Curve. The ability of the LLAS to identify GJH was assessed using percent agreement with clinical opinion.

**Results**

One hundred twelve participants aged 18–40 years were recruited. The LLAS distinguished the control from the likely hypermobile and known hypermobile cohorts (both p < 0.001), as well as the likely hypermobile from the known hypermobile cohort (p = 0.003). The LLAS cut-off score for identifying lower limb hypermobility was ≥7/12 with a specificity of 86% and sensitivity of 68%. The LLAS accurately identified those with GJH with high percentage agreement compared to clinical opinion across all cohorts (69–98%).

**Conclusions**

The LLAS is a valid tool for identifying lower limb specific hypermobility and GJH in adults at a cut-off score of ≥7/12. It demonstrates excellent specificity and moderate sensitivity, and discriminates well between extents of hypermobility.

**Risk factors for joint replacement in knee osteoarthritis; a 15-year follow-up study**

**BMC Musculoskeletal Disorders**

**Background**

To evaluate whether clinical, radiographic or MRI findings are associated with long term risk for total knee arthroplasty (TKA) in persons with knee osteoarthritis.

**Methods**


We performed a follow-up analysis of 100 persons with knee osteoarthritis who participated in a clinical trial between 2000 and 2002. Clinical data as well as radiography and MRI of the inclusion knee were obtained in all participants. Data on TKA procedures were extracted from The Danish National Patient Register. Clinical, radiographic and MRI findings were analyzed for associations with subsequent TKA.

Results
During a mean follow-up period of 15 years, 66% received a TKA in the included knee (target knee); 37% also received a TKA in the other knee. The degree of joint space narrowing was highly associated with subsequent TKA (adjusted odds ratio (OR) 5.0 (95% confidence interval (95% CI) 2.6 – 9.9)) as was a radiological sum score comprising joint space narrowing, osteophytes, subchondral sclerosis and cysts (adjusted OR 1.7 (95% CI 1.3 – 2.1)). MRI detected bone marrow lesions, synovitis and effusion were similarly associated with subsequent TKA with an adjusted OR of 2.3 (95% CI 1.3 – 4.0), 2.8 (95% CI 1.5 – 5.2) and 1.9 (95% CI 1.2 – 3.1), respectively. Increased body mass index (BMI) was not associated with subsequent TKA in the target knee but was associated with TKA in the other knee (OR 2.3 (95% CI 1.2 – 4.3).

Conclusions
Radiographic findings including joint space narrowing and MRI detected bone marrow lesions, synovitis and effusion were all significantly associated with the long term risk of TKA in persons with knee osteoarthritis.

**Health Visiting and Nursing**

**Health visitor service delivery metrics 2016 to 2017**
**PHE**
Quarterly and annual datasets and commentary for local authority health visits to pregnant women, children and their families during pregnancy and early childhood.

**A novel peer-support intervention using motivational interviewing for breastfeeding maintenance: a UK feasibility study**
**NIHR**
The Mam-Kind peer-support breastfeeding intervention was acceptable and feasible to deliver within NHS maternity services and this study made recommendations for further evaluation.

**Feed thickener for infants up to six months of age with gastro-oesophageal reflux**
**Cochrane Review**
Gastro-oesophageal reflux is a physiological self resolving phenomenon in infants that does not necessarily require any treatment. However, we found moderate-certainty evidence that feed thickeners should be considered if regurgitation symptoms persist in term bottle-fed infants. The reduction of two episodes of regurgitation per day is likely to be of clinical significance to caregivers. Due to the limited information available, we were unable to assess the use of feed thickeners in
Nursing interventions for smoking cessation
Cochrane Review
There is moderate quality evidence that behavioural support to motivate and sustain smoking cessation delivered by nurses can lead to a modest increase in the number of people who achieve prolonged abstinence. There is insufficient evidence to assess whether more intensive interventions, those incorporating additional follow-up, or those incorporating pathophysiological feedback are more effective than one-off support. There was no evidence that the effect of support differed by patient group or across healthcare settings.

Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women
Cochrane Review
Targeting continent antenatal women early in pregnancy and offering a structured PFMT programme may prevent the onset of urinary incontinence in late pregnancy and postpartum. However, the cost-effectiveness of this is unknown. Population approaches (recruiting antenatal women regardless of continence status) may have a smaller effect on urinary incontinence, although the reasons for this are unclear. It is uncertain whether a population-based approach for delivering postnatal PFMT is effective in reducing urinary incontinence. Uncertainty surrounds the effects of PFMT as a treatment for urinary incontinence in antenatal and postnatal women, which contrasts with the more established effectiveness in mid-life women.

It is possible that the effects of PFMT might be greater with targeted rather than mixed prevention and treatment approaches and in certain groups of women. Hypothetically, for instance, women with a high body mass index are at risk factor for urinary incontinence. Such uncertainties require further testing and data on duration of effect are also needed. The physiological and behavioural aspects of exercise programmes must be described for both PFMT and control groups and how much PFMT women in both groups do, to increase understanding of what works and for whom.

Few data exist on faecal incontinence or costs and it is important that both are included in any future trials. It is essential that future trials use valid measures of incontinence-specific quality of life for both urinary and faecal incontinence.

Autism spectrum disorder in under 19s: recognition, referral and diagnosis
NICE
This guideline covers recognising and diagnosing autism spectrum disorder in children and young people from birth up to 19 years. It also covers referral. It aims to improve the experience of children, young people and those who care for them. In December 2017, we reviewed the evidence and added ADHD as a factor associated with an increased prevalence of autism and changed references from DSM-4 to DSM-5. NICE has also produced a guideline on autism spectrum disorder in under 19s: support and management.
Bias in research
Evidence Based Nursing
The aim of this article is to outline types of ‘bias’ across research designs, and consider strategies to minimise bias. Evidence-based nursing, defined as the “process by which evidence, nursing theory, and clinical expertise are critically evaluated and considered, in conjunction with patient involvement, to provide the delivery of optimum nursing care,”1 is central to the continued development of the nursing professional. Implementing evidence into practice requires nurses to critically evaluate research, in particular assessing the rigour in which methods were undertaken and factors that may have biased findings.

The UK nursing labour market review 2017
RCN
This is the 2017 report providing a review of the UK nursing labour market, looking at recent data and trends for nursing staff working in the health sector across the UK, drawing out differences, similarities and challenges across the four UK countries.

Dignity in health care for people with learning disabilities
RCN
This guidance, developed by the Royal College of Nursing Learning Disability Nursing Forum, aims to improve dignity in health care for people with learning disabilities.

Mental Health

Introducing the highlights from: After FDAC: outcomes 5 years later
Lancaster University (Harwin et al)
The Family Drug and Alcohol Court (FDAC) was created as an alternative to standard legal processes which follow when concerns are raised about a parent’s substance abuse. FDAC’s main features are fortnightly judge-led review hearings without lawyers present, and a specialist multidisciplinary team—that provides support and advice as well as treatment for parents. The focus here is on problem solving, and initial evaluations of the FDAC had found that it had helped some parents to end their substance abuse and keep custody of their children. This most recent report looks at how the FDAC is progressing after 5 years in operation.

Autism spectrum disorder in under 19s: recognition, referral and diagnosis
NICE
This guideline covers recognising and diagnosing autism spectrum disorder in children and young people from birth up to 19 years. It also covers referral. It aims to improve the experience of children, young people and those who care for them. In December 2017, we reviewed the evidence and added ADHD as a factor associated with an increased prevalence of autism and changed references from DSM-4 to DSM-5. NICE has also produced a guideline on autism spectrum disorder in under 19s: support and management
Managing diabetes in people with dementia: a realist review
NIHR
Our review has resulted in six context mechanism outcome configurations which provide an explanatory account of how interventions might work to improve the management of diabetes in people living with dementia.

Government proposals on children and young people's mental health
DH
The government has published proposals to improve mental health support for children and young people in England. Over £300 million has been made available to fund them.

The government is asking people for their views on the planned measures, which are set out in a green paper. The measures include:

- encouraging every school and college to have a ‘designated senior mental health lead’
- setting up mental health support teams working with schools, to give children and young people earlier access to services
- piloting a 4-week waiting time for NHS children and young people’s mental health services
- a new working group to look at mental health support for 16 to 25-year-olds
- a report by the Chief Medical Officer on the impact that technology has on children and young people’s mental health, to be produced in 2018

The consultation on the green paper will run for 13 weeks until 2 March 2018

A framework for mental health research
DH
This framework provides a collective view of how mental health research should develop in the UK over the next decade. It sets out a structure to improve co-ordination and strengthen the focus on areas where mental health research is likely to translate into significant health benefit.

This document is a response to a recommendation in the Five Year Forward View for Mental Health report that the Department of Health lead on the development of a 10-year strategy for mental health research. The Five Year Forward View for Mental Health report was published in February 2016 by the independent Mental Health Taskforce.

Learning Disabilities

Dignity in health care for people with learning disabilities
RCN
This guidance, developed by the Royal College of Nursing Learning Disability Nursing Forum, aims to improve dignity in health care for people with learning disabilities.
End of Life and Later Life Care

Self-management toolkit and delivery strategy for end-of-life pain: the mixed-methods feasibility study
NIHR
This study developed a self-management support toolkit for pain near the end of life, and showed that it would be feasible to evaluate this in a future RCT.

Managing diabetes in people with dementia: a realist review
NIHR
Our review has resulted in six context mechanism outcome configurations which provide an explanatory account of how interventions might work to improve the management of diabetes in people living with dementia.

Home-based health promotion for older people with mild frailty: the HomeHealth intervention development and feasibility RCT.
NIHR
This intervention was acceptable, delivered at modest cost and showed promise for improving clinical outcomes for older people with mild frailty, so a full-scale RCT is feasible.

Enhanced health in care homes: learning from experiences so far.
King’s Fund
- Enhanced health in care homes is realistically achievable in any area of England. A history of joint working between relevant organisations – NHS, care homes and local authorities – is useful but not essential and, in some cases, significant results can be visible within a few months.
- This report is based on interviews with people in 15 areas around England that could demonstrate progress in developing enhanced health in care homes.
- Better ways of measuring impact, including effects on care quality and quality of life, are needed. Care home residents should be involved in defining what 'good' co-ordination of care looks like.
- Those in leadership roles need to constantly reinforce equal partnerships and avoid historical patterns of making decisions without consulting care homes, accepting lower access to health care for care home residents, or assuming that care home staff need additional training to enable co-ordinated care, but NHS staff do not.
- Enhanced health in care homes requires skilled leadership. Networks and communities of practice are essential to support leaders at all levels and share learning.
- More clarity is needed on expectations for access to health care for care home residents; resourcing enhanced health in care homes and understanding return on investment; and appropriate use of public funds to support training and information systems in independent care homes.
**Doing Care Differently**

Independent Age

Doing Care Differently requires thinking about care differently.

With the Government announcement that a Green Paper will be published on older people’s care and support by summer 2018, progress on social care reform is now a timetabled commitment. For those of us in the care sector, we now begin setting out our stalls in earnest. What do we want from the Green Paper? What should it include and exclude? What must it deliver for us to see it as a success?

Our Doing Care Differently report provides a comprehensive summary of what needs to be considered to deliver a social care solution that is fit for now and the future. Bringing together the ideas and suggestions of over 30 individuals and organisations from across the care sector (contributors to our [summer blog series](#) of the same name), our report examines six areas that neatly encapsulate the social care reform agenda:

- Demand
- Funding and responsibility
- Quality
- Integrated care
- Technology
- Sustainability and value for money.

Together with our own thought leadership in these six areas, our report weaves in ideas, suggestions and questions raised by our blog contributors.

Independent Age extends a special thank you to all our blog contributors for sharing with our readers their bold ideas and new suggestions on this crucial topic.

---

**Comprehensive Care**

DH

This review covers four key aspects of caring for older people living with frailty in hospital: Assessment; identifying and managing symptoms associated with frailty in hospital; discharge planning; and caring environments.

It features:

- 33 published studies
- 20 ongoing research projects
- Questions to ask about the care of older people with frailty in hospital

---

**Pharmacy**

**Corticosteroids for pneumonia**

Cochrane Review

Corticosteroid therapy reduced mortality and morbidity in adults with severe CAP; the number needed to treat for an additional beneficial outcome was 18 patients (95% CI 12 to 49) to prevent one death. Corticosteroid therapy reduced morbidity, but not mortality, for adults and children with non-severe CAP. Corticosteroid therapy was associated with more adverse events, especially hyperglycaemia, but the harms did not seem to outweigh the benefits.
**Clinical effectiveness and cost-effectiveness of issuing longer versus shorter duration (3-month vs. 28-day) prescriptions in patients with chronic conditions: systematic review and economic modelling**

NIHR
For patients with stable chronic conditions in primary care, there is some evidence to suggest that 3-month prescriptions are less costly overall and associated with better adherence than 28-day prescriptions.

**Electronic prescribing to be piloted in integrated urgent care**

NHS Digital
A pilot use of the Electronic Prescription Service (EPS) in selected integrated urgent care settings has been launched, NHS Digital has announced.

This will mean that patients seeking care out of hours or in urgent care settings can have their prescriptions sent directly to a pharmacy of their choice, rather than relying on paper prescriptions.

The service will free up time for doctors and other health care workers issuing prescriptions and for pharmacists dispensing those prescriptions, meaning there is more time for patient care.

Patients can choose to have their prescriptions dispensed at any suitable community pharmacy. Pharmacists and their teams should be aware that they could receive an electronic prescription from an integrated urgent care prescriber involved in the pilot and that they can dispense it in the same way as any other EPS prescription.

**NHS England consults on freeing up 136 million to boost frontline NHS care by curbing prescription costs**

NHS England
NHS England has today launched a public consultation on proposals to rein in prescriptions for some ‘over the counter’ products such as dandruff shampoo and drops for tired eyes, freeing-up up to £136 million to expand other treatments for major conditions such as cancer and mental health problems.

**Health Information**

**Social Media in the Management of CHD**

UHNM
Social media can be useful to health professionals in the management of coronary heart disease (CHD), according to a trial undertaken by the Heart Centre at University Hospitals of North Midlands NHS Trust (UHNM).
The UHNM Cardiac Rehabilitation Service was supported by the local Clinical Commissioning Group and funded by the West Midlands Academic Health Science Network, to develop the use of social media in clinical practice at the Trust.

The team at UHNM set up two distinct Facebook pages; one being an open public page for patients and interested members of the public to access generic health promotion material related to CHD. The second page is a closed group for the team's patients and their family members. This group allows for clinical questions to be asked and for patients and family members to support others with the condition.

The open public Facebook page can be found at: www.facebook.com/UHNMCardiacRehabTeam

**NHS England easy read newsletter published**

**Patient Information Forum**

A new NHS England easy read newsletter has been produced for people with a learning disability, autism or both, as well as their families and carers.